

Section 3

Proposal Application Instructions

Section 3 Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The Proposal Application Form (SPO-H-200A) is available on the State Procurement Office website. See Section 1, Administrative Overview, 1.2, Website Reference. However, the form will not include items specific to this RFP. If using the website form, the Applicant must include all items in this section.*
- *The numerical outline for the application, the titles/subtitles, and the organization of the Sections of the Proposal Application and RFP identification information at the top right hand corner of each page should be maintained. The instructions for each section, however, may be deleted.*
- *Tabbing of the Applicant's sections is recommended.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See Section 5, Attachments, Attachment B, Sample Proposal Application Table of Contents, of this REP for more details.*
- *Applicants must also include a Table of Contents at the beginning section of the Proposal Application. See Section 5, Attachments, Attachment B, Sample Proposal Application Table of Contents, of this RFP for more details.*
- *A written response is required for **each item** in the Application, **unless** indicated otherwise. Failure to answer any of the items will impact upon the applicant's score.*
- *Applicants are **strongly encouraged** to review the evaluation criteria in Section 4, Proposal Evaluation, when completing the proposal.*
- *This form (SPOH-200A) is available on the SPO website (see 1.2, Website Reference). However, the form will not include items specific to each RFP. If using the website form, the Applicant must include all items listed in this section.*
- *Applicants are required to submit the completed Proposal Application, as follows:*
 - *One (1) electronic copy of the proposal in portable document format (PDF) on a universal serial bus (USB) flash drive/thumb drive or a compact disc (CD) medium readable by a personal computer (PC);*
 - *One (1) original hard copy (printed copy) of the proposal*
- *The hard copy original (printed copy) proposal may be submitted in a three ring binder (Optional).*

The Proposal Application is comprised of the following sections. The Applicant shall submit proposals using the following formatting requirements:

- 12 point font size
- 1 inch margins

The Proposal Application is comprised of the following sections. The application shall not exceed the maximum number of pages listed for the narrative portion of each section, not including applicable attachments.

The Proposal Application is comprised of the following sections. The application shall not exceed the maximum number of pages listed for the narrative portion of each section, not including applicable attachments.

- Proposal Application Identification Form (**1 page**)
- Table of Contents (**2 pages**)
- Program Overview (**1 page**)
- Experience and Capability (**15 pages**)
- Project Organization and Staffing (**8 pages**)
- Service Delivery (**28 pages**), work plan attached separately.
- Financial (**5 pages**)
- Other(**2 pages**)

3.1 Program Overview

Applicant shall give a brief overview to orient evaluators as to the program/services being offered. The Applicant shall highlight the agency's mission and vision, as well as the goals and the objectives of the proposed service activities relative to the target population and geographic coverage of services.

3.2 Experience and Capability (20 points)

A. Necessary Skills (5 points)

The Applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

B. Experience (6 points)

The Applicant shall provide a description of projects/contracts for a total of two (2) years of the most recent five (5) years that are pertinent to the service activities detailed in Section 2, Service Specifications, point 2.4, Scope of Work, of the RFP. The Applicant shall include the following information for each project/ contract listed:

1. Contracts/project identification number;
2. Contracting agency;
3. Name of contact person, phone number, email address, and mailing address from the contracting agency;
4. Title of the service and a brief description of the service.

This will document that the contracts/project are pertinent to the service activities detailed in this RFP. The State reserves the right to contact references to verify experience.

C. Quality Assurance and Evaluation (4 points)

The Applicant shall describe its own plans for quality assurance, evaluation, and improvement for the proposed services, including methodology, instruments, and timelines for the proposed service. The Applicant shall describe the agency's internal review process to ensure conformance with contract requirements, provision of Administrative Assurances, adequate accounting practices, accurate case record keeping, accurate tracking of performance/outcome/output measures, adequate maintenance of agency files, and program effectiveness. The Applicant shall outline a process for implementing positive changes from the quality assurance data collected to ensure ongoing quality service delivery.

D. Coordination of Services and Collaboration (4 point)

The Applicant shall describe in detail its own plans to effectively coordinate its services with the DHS and other agencies/community resources to meet the needs of the target population. Plans should demonstrate the Applicant's capability of collaboration with others. See Section 2, Scope of Service, part B, Management Requirements, Service Specifications, and Section 5 Attachments, Attachment G, Administrative Assurance of this RFP for requirements for the coordination of services.

E. Facilities (1 points)

The Applicant shall provide the street addresses of its facilities, a description of its facilities and demonstrate its adequacy in relation to the proposed services. The Applicant shall describe in detail how the facilities meet ADA requirements, as applicable, and any special equipment that may be required to deliver the proposed services. If facilities are not presently available, describe plans to secure facilities.

3.3 Project Organization and Staffing (20 points)**A. Staffing****1. Proposed Staffing (3 points)**

The Applicant shall describe in detail a clear and practical method of service delivery and management proposed staffing pattern, client/staff ratio, as applicable. The Applicant shall justify the proposed staffing pattern and the level of service activities to be provided. The Applicant shall list any positions for any management and fiscal staff member under the contract.

Please note: If the Applicant proposes the use of subcontracting, the Applicant shall also include the above information for the proposed subcontracted staff.

2. Staff Qualifications (3 points)

- a. The Applicant shall provide position descriptions that include the minimum qualifications (education and experience) for each position assigned to the program directly or through subcontract including back-up staff. The Applicant shall provide clear documentation that all staff, if any, will have the necessary licenses to deliver the proposed services. Position description titles shall match the title listed on the program specific and organization-wide charts. These minimum qualifications must meet the minimum personnel requirements of this

RFP and be sufficient to ensure quality program/service delivery. See Section 2.4, Part B, as applicable.

- b. The Applicant shall provide information that demonstrates its staff has knowledge and experience in working with children in foster care. This would include, but is not limited to, dealing with domestic violence, child abuse and neglect, substance abuse. The Applicant shall demonstrate its willingness to work with children and families that present with those safety issues.
- c. The Applicant shall provide information that demonstrates its staff is knowledgeable about DHS programs, services, rules, and procedures. If not familiar, the Applicant shall provide a detailed plan of how it will orient and train its staff about the Department's Child Welfare Services.
- d. Note: If the Applicant proposes the use of subcontracting, the Applicant shall also include the above information for the proposed subcontracted staff, as applicable.

B. Project Organization (14 points)

1. Supervision and Training (6 points)

The Applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

2. Organization Chart (3 points)

The Applicant shall describe in detail its approach and rationale for the structure, functions, and staffing to effectively deliver the proposed service activities and tasks.

- a. The position of each staff and line of responsibility/supervision shall be clearly outlined. (Include position title, name and full time equivalency).
- b. Both the "Organization-wide" and "Program" organization charts shall be attached to the Proposal Application.

Note: If the Applicant proposed the use of subcontracting, the Applicant shall also include the above information for the proposed subcontracted staff. The organization-Wide and Program Specific charts if any shall both be attached to the application.

- 3. Forms A, B, C: The Applicant shall provide rationale and reasonable numbers and percentages for all items listed in Performance Measurement Forms A, B, and C (5 points).

3.4 Service Delivery (40 points)

The Applicant shall describe in detail a clear and practical method of service delivery and management requirements from Section 2, 2.4 Scope of Work, including a fully completed and detailed Work Plan of relevant service activities and tasks, work assignments and responsibilities, and timelines and schedules. The Work Plan format is located in Section 5, "Attachments," of this RFP.

The scope of work encompasses the following tasks and responsibilities:

- A. Referral, Intake, and Termination: The applicant shall provide a proposal that provides detailed information for all Family Wrap Hawaii (FWH) services and activities on (3 points):
 - 1. Referral process
 - 2. Intake
 - 3. Termination/Transition Planning
- B. Assessment, Service Planning, and Case Management: The applicant shall provide a proposal that provides detailed information on the process it will use to (9 points):
 - 1. Assess client strengths and areas needing improvement or support ;
 - 2. Engage the clients in services planning, and determining practical service outcomes to develop and implement a Family Wrap Plan (FWP).
 - 3. Provide comprehensive case management.
- C. Direct Service Provision (23 points):
 - 1. The applicant shall provide a detailed, comprehensive and practical plan for the delivery of services to the client, based on the assessment and Family Wrap Plan, for:
 - a. Facilitation (including Family Wrap Plan Development);
 - b. Community Navigation;
 - c. Parent Support; and
 - d. Youth Support;
 - e. Flex Spending
 - f. Facilitate Coordinating Committee Meetings
 - g. Training to Community
 - 2. The applicant shall include an assessment of the logic of the Work Plan for the major service activities and tasks to be completed, including clarity of work assignments and responsibilities, and the practicality of the timelines and schedules, as applicable.
- D. Coordination with the DHS: The applicant shall provide a detailed explanation of how the program will work with the Department to establish agreed-upon services, common service goals and outcomes for the clients, policies and procedures for the services, which all shall be evolving rapidly throughout the contract period (3 points).
- E. Grievance and Dispute Resolution Procedures: The applicant shall submit a strength-based policy and procedure plan to address potential disputes between the provider and CWS staff who share clients, as well as grievances/disputes between clients and the provider's staff (2 points).

3.5 Financial (20 points)

A. Pricing Structure (17 points)

1. Applicant shall submit a clear and detailed budget proposal utilizing the pricing structure designated by the state purchasing agency in Section 2, Service Specifications, Section 2.5, Compensation and Method Payment. The budget shall fully support the Section 2.4, Scope of Work, including, Performance Measurements Forms A, B, &, C.

The Applicant shall submit All the required budget information using the budget forms list below. All budget forms, instructions, and samples are located on the State Procurement Office Website. See Section 1, “Administrative Overview,” 1.2 website Reference, of this RFP. All budget forms shall be attached to the Application.

SPO-H-205:	Budget
SPO-H-206A;	Personnel – Salaries and Wages
SPO-H-206B:	Personnel – Taxes, Assessments Fringe
SPO-H-206C:	Inter- Island Travel
SPO-H-206E:	Contractual Services – Administrative
SPO-H-206F:	Contractual Services – Subcontracts
SPO-H-206H:	Program Activities
SPO-H-206I:	Equipment Purchases

2. The Applicant shall be advised for budgeting purposes that there are insurance requirements and auditing requirements under this contract. See the Insurance Requirements, and Special Conditions of the Contract (Attachment D and G) in Section 5 of this RFP.
3. The Applicant shall provide a brief explanation of how the line costs on form SPO-H-205 were derived unless those line items are explained on other budget forms in the SPO-H-206 series.
4. The Applicant shall provide a justification for the Provider’s administrative costs, not to exceed fifteen percent (15 %) of the annual funding amount.
 - a. The operating and activity costs for the Family Wrap Hawaii services
 - b. Proposed costs for major Family Wrap Hawaii activities are to be determined by applicant.

Note: **AWARDEES ONLY** may be asked to submit additional budget forms at a later date as part of the contracting process including but not limited to:

SPO-H-205A:	Organization- Wide Budget by source of funds
SPO-H-205B:	Organization- Wide Budget by Programs
SPO-H-206G:	Depreciation (as applicable)

All budgets forms, instructions and samples are located on the SPO website. See Section I, "Administrative Overview," 1.2, Website Reference, of Website, of this RFP.

B. Other Financial Related Materials (3 points)

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (to be attached):

1. The Applicant shall submit the most recent Financial Audit including any management letter that accompanied that audit.
2. The Applicant shall describe the cost allocation plan for this contract, which demonstrates the applicant's expenditure area allocated based on a plan that is reasonable, appropriate and lawful. To determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (may be attached).

3.6 Other

A. Litigation

The Applicant shall disclose and explain any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

B. Administrative Assurances

The Applicant shall sign and attach a copy of the Administrative Assurances. See Attachment G, in Section 5, "Attachments," of this RFP. The Administrative Assurances shall be attached to the Application.

Section 4

Proposal Evaluation

Section 4

Proposal Evaluation

4.1 Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly, and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

4.2 Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- A. Phase 1 - Evaluation of Proposal Requirements
- B. Phase 2 - Evaluation of Proposal Application
- C. Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

<u>Evaluation Categories</u>		<u>Possible Points</u>
<i>Administrative Requirements</i>		
<i>Proposal Application</i>		
Program Overview	0 points	100 Points
Experience and Capability	20 points	
Project Organization and Staffing	20 points	
Service Delivery	40 points	
Financial	20 Points	
TOTAL POSSIBLE POINTS		100 Points

4.3 Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. **Administrative Requirements**
 - a. Proposal Application Checklist
 - b. Hawaii Compliance Express verification
 - c. Administrative Assurances
2. **Proposal Application Requirements**
 - a. Proposal Application Identification Form (Form SPO-H-200)
 - b. Table of Contents
 - c. Program Overview
 - d. Experience and Capability
 - e. Project Organization and Staffing (including Performance Measurement Forms A, B, & C)
 - f. Service Delivery (including Work Plan)
 - g. Financial (All required forms and documents)
 - h. Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of Proposal Application (100 Points)

1. **Program Overview:** No points are assigned to Program Overview. The intent is to give the Applicant an opportunity to orient evaluators as to the services being offered. The Applicant shall highlight the agency's mission and vision, as well as the goals and objectives of the proposed service activities relative to the assessed needs and available resources of the target population and geographic coverage of service.
2. **Experience and Capability (20 Points)**
The State will evaluate the applicant's experience and capability relevant to the proposal contract which shall include.

a. Necessary Skills

- The Applicant has **demonstrated** the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

5 points**b. Experience**

- The Applicant has provided all required information demonstrating at least two (2) years of experience within the most recent five (5) years, pertinent to the service activities detailed in Section 2.
- The Applicant has provided the following verifiable information for each contract/project listed:
 - 1) Contract/project identification number;
 - 2) Contracting Agency;
 - 3) Name of contact person, telephone number, mailing address, and email address of contracting agency;
 - 4) Title of service and a brief description of the service

6 points**c. Quality Assurance and Evaluation**

The Applicant has fully described, and demonstrated sufficiency of its plans for quality assurance, evaluation, and improvement for the proposed services, including **methodology, instruments, and timelines**. (Refer to Section 3.2, C)

d. Coordination of Services and Collaboration

- The Applicant has described a detailed plan that demonstrates its capability of coordinating services to clients with the DHS, including mutual development of a Family Wrap Plan.
- The Applicant has submitted a detailed plan and documents that clearly demonstrated the Applicant's capability of coordinating services to clients with other community agencies/resources to meet the needs of the clients.

4 points**4 points**

e. Facilities

- The Applicant has provided information that demonstrates appropriateness/adequacy of facilities relative to the proposed services. This includes but is not limited to:
 - 1) Physical street address
 - 2) Appropriateness in relation to the proposed services
 - 3) Description of facilities; and
 - 4) Facilities meetings ADA requirements, as applicable.
- If facilities are not presently available, the Applicant has detailed plans to secure/prepare facilities to allow for service delivery by the contract start date.

1 points**3. Project Organization and Staffing (20 points)**

The State will evaluate the Applicant's overall staffing approach to the service

A. Staffing

1. Proposed Staffing: The Applicant has provided: its approach and rational for:
 - The staffing pattern;
 - Child and family-to-staff ratio;
 - Caseload capacity;
 - List of staff and whether full or part-time, under the contract;

These items are fully described and reasonable to insure appropriate delivery of the proposed services.

3 points

2. Staff Qualifications:
 - The Applicant has provided positions titles and positions descriptions with minimum qualifications (including education, experience, license) for each staff position budgeted directly to the contract.
 - The minimum qualifications in the position descriptions are sufficient to ensure program/quality service delivery.

3 points

b. Project Organization (14 points)

1. Supervision and Training: The Applicant has described its ability and a plan to **supervise, train** and provide administrative direction to staff/council, relative to the delivery of the proposed services.

6 points

2. Organization Charts:

- The Applicant has described in detail its approach **and rationale** for the structure, functions, and staffing to deliver the proposed service activities and tasks.
- **The Applicant has also provided:**
- An Organization-wide chart showing where the proposed staff/service activities fits within the overall program.
- A Program Specific chart that details for each position budgeted to the program:
 - 1) Position title from the position description
 - 2) Minimum qualification level (e.g. high school diploma, Bachelor's degree, Master's degree)
 - 3) Full-time equivalency (FTE) to the Applicant's agency and to the program
 - 4) The lines of authority and supervision
 - 5) Position descriptions have been attached.
- The Applicant's position titles match the titles listed on the Organization-wide Chart and the Program-Specific Chart.

3 points

3. Forms A, B, C: The Applicant has clearly provided rationale, reasonable numbrs, and percentages for all items that are listed in Performance Measurement Forms A, B, and C.

5 points

4. Service Delivery (40 Points)

The DHS shall assess the applicant's clear, practical, and detailed description of its proposed method of service delivery and management requirements from Section 2, including a review of the fully completed and detailed Work Plan of relevant service activities and tasks, work assignments and responsibilities, and timelines/schedules.

The applicant has provided a clear, practical, and detailed scope of work/plan, which encompasses the following tasks and responsibilities:

- 1) Referral, Intake, and Termination: The applicant has provided a proposal that provides detailed information for all Family Wrap Hawaii services and activities on (3 points):
 - 1) Referral process 1 points
 - 2) Intake 1 points
 - 3) Termination/Transition Planning 1 points
- 2) Assessment, Service Planning, and Case Management: The applicant has provided a proposal that provides detailed information on the process it will used to (9 points):
 - 1) Assess client strengths and areas needing improvement or support 3 points
 - 2) Engage the clients in services planning, and determining practical service outcomes to develop and implement a Family Work Plan (FWP). 3 points
 - 3) Provide comprehensive case management 3 points
- 3) Direct Service Provision (23 points):
 - 1) The applicant has provided a detailed, comprehensive and practical plan for the delivery of services to the client, based on the assessment and Family Wrap Plan for:
 - a) Facilitation 5 points
 - b) Community Navigation 3 points
 - c) Parent Support 3 points
 - d) Youth Support 3 points
 - e) Flex Spending 2 points
 - f) Facilitate Coordinating Committee Meetings 2 points
 - g) Training to Community 2 points
 - 2) The applicant has included an assessment of the logic of the Work Plan for the Major service activities and tasks to be completed, including clarity of work assignments and responsibilities, and the practicality of the timelines and schedules, as applicable, and included in item "1)." 3 points
- D) Coordination with the DHS: The applicant has provide

a detailed explanation of how the program will work with the Department to establish agreed-upon services, common service goals and outcomes for the clients, policies and procedures for the services, which all shall be evolving rapidly throughout the contract period.

3 points

- E) Grievance and Dispute Resolution Procedures: The applicant has submitted a strength-based policy and procedure plan to address potential disputes between the provider and CWS staff who share clients, as well as grievances/disputes between clients and the provider's staff.

2 points

5. Financial (20 Points)

a. Pricing Structure:

The Applicant has submitted a clear and detailed budget utilizing the cost reimbursement proposal, as designated in RFP Section 2.5, A, Compensation and Method of Payment. The Applicant has clearly identified major Family Wrap Hawaii projects and has provided budget as designated in Section 2.4, A, which fully supports the Scope of Work in RFP Section 3.5, A, and information provided in the Performance Measurement Forms A, B, and C, Section 5.

10 points

- 1) The Applicant has submitted all required budget information on the budget forms listed in Section 3. All budget forms have been attached to the Application
- 2) The Applicant has provided all budgeted costs (personnel and non-personnel) which are appropriate considering the service activities and tasks to be delivered.
- 3) The Applicant has clearly explained how it verified that all budgeted costs are reasonable and comparable to similar costs in the community. The applicant's budget is in compliance with any applicable laws, regulations and rules.

1 point

4 points

- 4) The Applicant has provided a separate, clear and acceptable budget for the administrative costs **not to exceed fifteen percent (15%)** of

the annual funding amount and justify the costs. The administrative costs budget, federally-approved indirect rate approval letter, and general categories used to determine the federal rate have been attached to the Application.

2 points

b. Other Financial Related Materials: Financial Audi

The applicant has submitted the most recent financial audit (within the last two years) and has provided information that demonstrated an adequate accounting system. The applicant has included any management letters that accompanied the audit. The financial audit and management letters, if applicable, are attached.

3 points

6. The Applicant has provided:

- a. Disclosure and explanation of any pending litigation to which Applicant is party to;
- b. Administrative Assurances.

C. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

SECTION 5

ATTACHMENTS

- A. Proposal Application Checklist**
- B. Sample Proposal Application Table of Contents**
- C. Proposal Application Identification Form (SPO-H-200)**
- D. Criminal History Record Check Standards and Protective Services Central Registry Standards**
- E. General Conditions**
- F. Special Conditions**
- G. Administrative Assurances**
- H. Work Plan**
- I. Sample Program and Fiscal Report Formats**
 - 1. Quarterly Report Formats**
 - a. Activity Report (QAR)**
 - b. Staffing Changes (QSC)**
 - 2. Monthly Client Eligibility List (MCEL)**
 - 3. Monthly Expenditure Report Formats**
 - a. Report of Expenditures, DHS 210**
 - b. Personnel Cost, DHS Form 210A**
 - 4. DHS Invoice Format**

Attachment A:

PROPOSAL APPLICATION CHECKLIST

Proposal Application Checklist

Applicant: _____

RFP No.: SSD-14-POS-4040, O'ahu _____

The Applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated, and returned to the state purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website. See Section 1, 1.2 Website Reference.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Section 5, Attachments	X	
Table of Contents	Section 1, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Cost Proposal (Budget)			X	
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5	N/A	
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions in Section 5	N/A	
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*	X	
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website* Special instructions in Section 3	N/A	
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*	X	
Certifications:				
Hawaii Compliance Express	Section 1, RFP	SPO Website	X	
Federal Certifications				
Debarment & Suspension	Special Conditions	Section 5, RFP, Attachments	N/A	
Drug Free Workplace	Special Conditions	Section 5, RFP, Attachments	N/A	
Lobbying	Special Conditions	Section 5, RFP, Attachments	X	
Program Fraud Civil Remedies Act	Special Conditions	Section 5, RFP, Attachments	N/A	
Environmental Tobacco Smoke	Special Conditions	Section 5, RFP, Attachments	N/A	

Authorized Signature

Date

Printed Name _____

Title _____

ATTACHMENT B

SAMPLE

PROPOSAL APPLICATION
TABLE OF CONTENTS

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ATTACHMENT C

PROPOSAL APPLICATION IDENTIFICATION FORM (SPO-H-200)

This form may be found on the State Procurement Office website at: <http://hawaii.gov/spo>.

- **The form may be accessed at the search bar by typing in the:**
 - **Title of the form, “Proposal Application Identification Form,” or;**
 - **Assigned number for the form, “SPOH-200.”**
- **Click on “SPOH-200” to download and complete form**

ATTACHMENT D

CRIMINAL HISTORY RECORD CHECK STANDARDS

A Criminal History State Name Check is required.

For more information please refer to Section 2.

For CWSB providers: State name checks are to be obtained from the Hawaii Criminal Justice Data Center (HCJDC) website: (<http://ecrim.hawaii.gov/ahewa/>). Individuals who do not have access to computer may request information from the following:

Oahu: Hawaii Criminal Justice Data Center
465 South King Street, Room 101
Honolulu, Hawaii 96813

Providers are required to have the official printout on file prior to any prospective employee commencing work on subject contract. Cost for the official printout/results for the criminal history check is a fee of \$10.00 fee.

Neighbor Islands: County police stations where HCJDC computer terminals are available. Molokai and Lanai are covered through the main police station on Maui.

PROTECTIVE SERVICES CENTRAL REGISTRY STANDARDS

A Child Protective Services System Central Registry Clearance (CWS CA/N registry check) is required.

For more information please refer to Section 2.

The Department of Human Services or its designee is responsible for conducting the Protective Services Central Registry checks upon request of the individual seeking to become a direct service provider.

For CWSB Direct Service Providers: Please go to the DHS website to obtain the “Child Protective Services System Central Registry Clearance Form – Experimental (2/06)” and follow the provided instructions.

<http://humanservices.hawaii.gov/ssd/backgroundcheck>

The individual shall fill out the Form, “Child Protective Services System Central Registry Clearance Form – Experimental (2/06)” and submit as instructed on the form

DEPARTMENT OF HUMAN SERVICES
Social Services Division

CRIMINAL HISTORY RECORD CHECK STANDARDS

(Revised 4/18/13)

I. PURPOSE

To protect the health, safety and welfare of Adult Protective and Community Services Branch (APCSB) and Child Welfare Services Branch (CWSB) clients, criminal history information on an individual who wishes to serve as a direct service provider shall be considered in determining whether the individual is suitable to serve as a direct service provider to APCS/CWSB clients.

II. STATE CRIMINAL INFORMATION SYSTEM CHECK

- A. Upon implementation of these standards, a check of the Criminal Justice Information System (CJIS) and the Federal Bureau of Investigation (FBI) data system for a criminal history record check shall be conducted when an individual is:
 1. Conditionally offered a position as a direct service provider by an agency, purchase of service contractor, or individual employer. Pending the completion of the criminal history record check, the individual may be placed in a non-direct service provider position on a probationary status not to exceed thirty (30) days; or
 2. In a direct service provider position the criminal history record check shall be completed and the results received by the agency, purchase of services contractor or individual employer **prior** to the individual starting direct service work.
- B. The criminal history record check shall include the submission of fingerprints to the FBI and the CJIS for a State criminal history record check.
- A. Individuals shall have a criminal history record check upon initial hire or implementation of these standards and a second criminal history record check twelve months later. Thereafter, State name checks shall be conducted every other year.
- B. The responsibility for conducting a criminal history record check shall rest with the individual seeking to become a direct service provider or the individual/agency/organization hiring the individual as a direct service provider.
- C. The criminal history record checks shall be conducted through:
 1. For APCS providers: The Department of Human Services (DHS) designee contracted to fingerprint individuals and to submit information to and receive information from the FBI and CJIS. The individual shall complete, sign and date the DHS 1645, "Authorization for Criminal History Record Clearance", and submit the completed form to the DHS designee;
 2. For APCS and CWSB providers: State name checks are to be obtained from the Hawaii Criminal Justice Data Center (HCJDC) website: (<http://ecrim.ehawaii.gov/ahewa/>). Individuals who do not have access to computer may request information from the following:
Oahu: Hawaii Criminal Justice Data Center

465 South King Street, Room 101
Honolulu, Hawaii 96813

The Oahu office, for an additional fee, will process mailed-in requests for criminal history records checks.

Neighbor Islands: County police stations where HCJDC computer terminals are available. Molokai and Lanai are covered through the main police station on Maui.

- D. When name checks into the State name inquiry system are required for employment, a printed report of each name record check accompanied by a signed Statement of Authenticity that the criminal history record report is a true and unaltered copy shall be retained in the hired individual's personnel file and made available for review by DHS staff or its designee for compliance monitoring purposes.
- E. Fingerprint results and/or a printed name check in the State criminal history records, dated no more than six (6) months before the date an initial criminal history record check is required, may be accepted instead of a new criminal history record check being performed.
- F. DHS shall not be directly responsible for any cost related to the criminal history record check. Funds received through a Purchase of Service contract with DHS for administrative costs may be used to meet the cost for criminal history record checks.

III. CONVICTION RECORDS IN HIRING AND TERMINATING DIRECT SERVICE PROVIDERS

Information contained in criminal history record check reports shall be taken into consideration when hiring and terminating individuals as direct service providers. An offer of employment shall be withdrawn or the position of a direct service provider shall be terminated when a prospective or current direct service provider has a criminal history as indicated below:

- A. The criminal conviction shall have occurred within ten (10) years of the date of the criminal history record check. A criminal conviction occurring more than ten (10) years prior to the date of the criminal history record check may be considered when the criminal history of the individual may pose a risk to the health, welfare and safety of service recipients ; and
- B. The crime for which there is a conviction shall have a rational relationship to the direct service provider's position. Rational relationship means the crime for which there is a history is substantially related to the qualifications, duties and responsibilities of the direct service provider position. Crimes having rational relationships to direct service provider positions include any felony, including but not limited to theft, abuse, neglect, assault, or crimes involving violence or sexual offenses.
- C. Exemptions from the requirements of sections III. A. and B. may be approved for APCSB providers by the DHS designee and for CWSB providers by the CWSB.
 - 1. Requests for exemptions shall be made in writing by using form DHS 1673, "Request for Exemption (From Criminal History Records Check Standards or Protective Services Central Registry Check Standards)", or a similar form. The individual seeking the exemption must complete the DHS 1673 or similar form. A copy of the individual's current results of a name inquiry into the State criminal history records

- check must accompany the request. Fingerprint results for APCSB providers should already be on file with the DHS designee.
2. The "Checklist for Exemption Request" may be used as a reminder of the documents to be submitted for EACH exemption request. All documents shall be submitted to the DHS designee or CWSB.
 3. Unless an individual is self-employed, the employer agency must be involved in the exemption process to assure the timely submittal of all required documents and appropriateness of the exemption request. Requests for exemptions shall be routed through the prospective employer agency prior to submittal to the Department or its designee.
 4. **For APCSB Providers:** All documents shall be submitted to the DHS designee. Upon receipt of the written exemption request and other required documents listed on the "Checklist for Exemption Request", the DHS designee shall convene a panel consisting of three (3) professional level multi-disciplinary team members to review the request. The panel shall include individuals in at least two different professions with backgrounds in criminal justice, legal and/or the therapeutic mental health field.
 5. **For CWSB Providers:** All documents shall be submitted to the CWSB Administrator. Upon receipt of the written exemption request and other required documents listed on the "Checklist for Exemption Request", the CWSB Administrator shall convene a panel to review the request. The panel may include the CWSB Administrator or designee, the CWSB Program Development Administrator, relevant CWSB Assistant Program and Section Administrators, and anyone else deemed appropriate by the CWSB Administrator or designee.
 6. The exemption panel shall consider the following:
 - a. The relevancy of the individual's conviction record to the qualifications, functions and duties of the direct service provider position the individual wishes to fill;
 - b. Passage of time since the crime was committed; and
 - c. Any evidence of rehabilitation, such as letters from counselors or therapists attesting to a sustained improvement in the individual's behavior, character references, and activities since conviction, such as employment.
 7. A single factor may not be evidence of rehabilitation. If necessary, the panel shall request additional information from the individual seeking the exemption.
 8. Individuals requesting exemptions shall be informed in writing of the panel's decision within 45 calendar days from the date the panel receives all documents needed for a decision to be made. The panel may extend the 45-day period with cause and a written explanation to the individual seeking the exemption.
 9. Individuals who are dissatisfied with the panel decisions on their exemption requests may:
 - a. Request an informal discussion with the APCSB/CWSB Administrator; and/or
 - b. Appeal the panel's decision to the Child Welfare Services Branch Administrator.
- D. APCSB clients may choose not to conduct criminal history record checks on individuals they hire on their own. Clients who choose not to have criminal history record checks shall complete form DHS 1672, "Consumer-Employer Choice Regarding Criminal History Record Check and Adult Protective Services (APS) Central Registry Check", to acknowledge their understanding of these standards and the purpose for the checks, and their decision not to conduct criminal history record checks or APS Central Registry checks on individuals they plan to hire as direct service providers.

Attachments

DHS 1645 with instructions
DHS 1672 with instructions
DHS 1673 with instructions
Statement of Authenticity
Checklist for Exemption Request

DEPARTMENT OF HUMAN SERVICES

PROTECTIVE SERVICES
CENTRAL REGISTRY CHECK STANDARDS

I. PURPOSE

To protect the health, safety and welfare of Adult Protective and Community Services Branch (APCSB) and Child Welfare Services Branch (CWSB) clients, Protective Services Central Registry information on an individual who wishes to serve as a direct service provider shall be considered in determining whether the individual is suitable to serve as a direct service provider to APCS/CWSD clients.

The Protective Services Central Registry may include information from the Adult Protective Services (APS) Central Registry and the Child Welfare Services (CWS) Central Registry. The APS Central Registry shall be checked for individuals serving as direct service providers for APCS clients. The CWS Central Registry shall be checked for individuals serving as direct service providers for CWSB clients. Both Registries shall be checked for individuals serving as direct service providers for both APCS and CWSB clients, and for APCS clients who are minor children.

These Protective Services Central Registry Check Standards do not apply to direct service providers who must meet the licensing standards as specified in the Child-Caring Institution and/or Child-Placing Organization administrative rules.

II. PROTECTIVE SERVICES CENTRAL REGISTRY CHECK

- A. Upon implementation of these standards, a check of the Protective Services Central Registry shall be conducted when an individual is:
 1. Conditionally offered a position as a direct service provider by an agency, purchase of service contractor, or individual employer. Pending the completion of the Protective Services Central Registry check, the individual may be placed in a non-direct service provider position on a probationary status not to exceed thirty (30) days; or
 2. In a direct service provider position the Protective Services Central Registry check shall be completed and the results received by the agency, purchase of services contractor or individual employer *prior* to the individual starting direct service work.
- B. Individuals shall have a Protective Services Central Registry check upon initial hire or implementation of these standards and a second Protective Services Central Registry check twelve (12) months later. Thereafter, Protective Services Central Registry checks shall be conducted every other year.
- C. The Department of Human Services or its designee is responsible for conducting the Protective Services Central Registry checks upon request of the individual seeking to become a direct service provider.

For CWSB Direct Service Providers: Please go to the DHS website to obtain the “Child Protective Services System Central Registry Clearance Form – Experimental (2/06)” and follow the provided instructions.

<http://humanservices.hawaii.gov/ssd/backgroundcheck>

The individual shall fill out the Form, “Child Protective Services System Central Registry Clearance Form – Experimental (2/06)” and submit as instructed on the form.

The release of information by the Department of Human Services or its designee shall be limited to the following:

APS CENTRAL REGISTRY CHECK

- Notification of whether the individual requesting the information is known to the Department of Human Services to have caused the abuse of a dependent adult; and
- Notification of whether the allegation of abuse is confirmed or not confirmed.

CWS CENTRAL REGISTRY CHECK

- Date of CONFIRMED incident(s) of child abuse or neglect; and
- Type of abuse for each incident.

- D. Upon completion of the Protective Services Central Registry check, the Department of Human Services or its designee shall mail a letter to the individual requesting the information or to the agency/organization identified by the individual to receive the information. A copy of each Protective Services Central Registry check shall be retained in the hired individual's personnel file and made available for review by Department staff for compliance monitoring purposes.
- E. A copy of a Protective Services Central Registry check, dated no more than six (6) months before the date an initial Protective Services Central Registry check is required, may be accepted instead of a new Protective Services Central Registry check being performed.

III. PROTECTIVE SERVICES CENTRAL REGISTRY CHECKS IN HIRING AND TERMINATING DIRECT SERVICE PROVIDERS

When the Protective Services Central Registry check indicates that abuse has been confirmed, the individual/agency/organization hiring the individual as a direct service provider must inquire of that individual as to the nature and circumstance of the confirmed abuse. Information obtained by the individual/agency/organization from the Protective Services Central Registry check shall be taken into consideration when hiring and terminating individuals as direct service providers. An offer of employment shall be withdrawn or the position of a direct service provider shall be terminated when:

- A. A prospective or current direct service provider has a Protective Services Central Registry check indicating that abuse was confirmed and that the abuse occurred within ten (10) years of the date of the Protective Services Central Registry check. A confirmation of abuse occurring more than ten (10) years of the date of the Protective Service Central

Registry check may be considered when the abuse confirmation history of the individual may pose a risk to the health, welfare and safety of service recipients; and

- I. The confirmed abuse has a rational relationship to a direct service provider's position. Rational relationship means the confirmed abuse is substantially related to the qualifications, duties and responsibilities of a direct service provider position.
- C. Exemptions from the requirements of sections III. A. and B. may be approved for APCSB providers by the DHS designee and for CWSB providers by the CWSB.
 1. Requests for exemptions shall be made in writing by using form DHS 1673, "Request for Exemption (From Criminal Conviction Records Check Standards or Protective Services Central Registry Check Standards)", or a similar form. The individual seeking the exemption must complete the DHS 1673 or similar form. A copy of the individual's current Protective Services Central Registry check must accompany the request.
 2. The "Checklist for Exemption Request" may be used as a reminder of the documents to be submitted for EACH exemption request.
 3. The employer agency must be involved in the exemption process to assure the timely submittal of all required documents and appropriateness of the exemption request. Requests for exemptions shall be routed through the prospective employer agency prior to submittal to the Department or its designee.
 4. **For APCSB Providers:** All documents shall be submitted to the DHS designee. Upon receipt of the written exemption request and other required documents listed on the "Checklist for Exemption Request", the DHS designee shall convene a panel consisting of three (3) professional level multi-disciplinary team members to review the request. The panel shall include individuals in at least two different professions with backgrounds in criminal justice, legal and/or the therapeutic mental health field.
 5. **For CWSB Providers:** All documents shall be submitted to the CWSB Administrator. Upon receipt of the written exemption request and other required documents listed on the "Checklist for Exemption Request", the CWSB Administrator shall convene a panel to review the request. The panel may include the CWSB Administrator or designee, the CWSB Program Development Administrator, relevant CWSB Assistant Program and Section Administrators, and anyone else deemed appropriate by the CWSB Administrator or designee.
 6. The panel shall consider the following:
 - a. The relevancy of the individual's protective services history to the qualifications, functions and duties of the direct service provider position the individual wishes to fill;
 - b. Passage of time since the abuse was committed; and
 - c. Any evidence of rehabilitation, such as letters from counselors or therapists attesting to a sustained improvement in the individual's behavior, character references, and activities since the commission of abuse.
 7. A single factor may not be evidence of rehabilitation. If necessary, the panel shall request additional information from the individual seeking the exemption.
 8. Individuals requesting exemptions shall be informed in writing of the panel's decision within 45 calendar days from the date the panel receives all documents needed for a decision to be made. The panel may extend the 45-day period with cause and a written explanation to the individual seeking the exemption.

9. Individuals who are dissatisfied with the panel decisions on their exemption requests may:
 - a. Request an informal discussion with the APCSB/CWSB Administrator; and/or
 - b. Appeal the panel's decision to the Social Services Division Administrator.
- D. APCSB clients may choose not to do APS Central Registry checks on individuals they hire on their own. Clients who choose not to have APS Central Registry checks shall complete form DHS 1672, "Consumer-Employer Choice Regarding Criminal Conviction Record Check and Adult Protective Services (APS) Central Registry Check", to acknowledge their understanding of these standards and the purpose for the checks, and their decision not to conduct criminal conviction record or APS Central Registry checks on the individuals they plan to hire as direct service providers.

ATTACHMENT E

GENERAL CONDITIONS

This form may be found on the State Procurement Office website at

<http://hawaii.gov/spo/>

Hard copies of the General Conditions will be available at:

**Department of Human Services
Social Services Division
810 Richards Street, Suite 400
Honolulu, Hawaii 96813**

ATTACHMENT F

SPECIAL CONDITIONS

SPECIAL CONDITIONS

(Revised 5/16/12)

1. **Failure to Deliver.** In addition to Section 3.5, Personnel Requirements, and Section 4.2, Termination in General, of the General Conditions, PROVIDER further agrees to the following: the inability of PROVIDER to provide the necessary personnel shall not be an acceptable reason for failure to complete the services required. Failure to complete any part of the services contained in Attachment 1, Scope of Services, and any attachments to Attachment 1 as applicable, shall be deemed to be a failure to provide the required services adequately or satisfactorily, entitling STATE to terminate this Agreement. The service shall not be deemed delivered or performance completed until all elements of each service are delivered or completed and accepted by STATE.

2. **Insurance.** The following provisions are added to Section 1.4 of the General Conditions.
 - a. PROVIDER shall obtain and maintain at all times: **Automobile Liability Insurance** as applicable for Any Auto, Non-Owned Autos, and Hired Autos used by the PROVIDER to carry out services specified in this Agreement shall be obtained from a company authorized to do business in the State of Hawai`i, or meet Section 431:8-301, Hawai`i Revised Statutes, if utilizing an insurance company not licensed by the State of Hawai`i and complying with the Hawai`i No Fault Insurance Law. The amount shall be no less than ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) each accident. Prior to or upon execution of this Agreement, PROVIDER shall furnish STATE with a Certificate of Insurance verifying the existence of such insurance

 - b. If PROVIDER'S employees are required to use personally-owned automobiles to carry out services specified in this Agreement PROVIDER shall require said employees to have a valid driver's license, obtain and maintain all Automobile Insurance coverage required by State law, and to use only vehicles for which there is automobile liability coverage of no less than ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) each accident. This liability coverage limit may come from the employee's own Automobile Insurance. This liability coverage limit may also come from PROVIDER'S Automobile Liability Insurance or PROVIDER'S Commercial General Liability Insurance, provided that the insurance covers Non-Owned Autos. This requirement applies to all employees' use of personal vehicles for contracted, service-related activities, whether or not they are transporting clients.

 - c. PROVIDER shall obtain and maintain at all times: **Errors and Omissions (Professional) Liability Insurance** issued by a company authorized to do business in the State of Hawai`i, or meet Section 431:8-301, Hawai`i Revised Statutes, if utilizing an insurance company not licensed by the State of Hawai`i, in a total aggregate amount that will pay up to ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per claim, TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) annual aggregate. Prior to or upon execution of this AGREEMENT, PROVIDER shall furnish STATE with a Certificate of Insurance, verifying the existence of such insurance.

 - d. The **Commercial General Liability Insurance** as required in Section 1.4 of the General Conditions shall be Occurrence Based.

- e. PROVIDER'S insurance policy shall contain the following clauses:
 - i) The State of Hawai'i is added as an additional insured as respects to operations performed for the State of Hawai'i.
 - ii) It is agreed that any insurance maintained by the State of Hawai'i will apply in excess of, and not contribute with, insurance provided by this policy.
 - f. PROVIDER shall immediately provide written notice to the STATE should any of the insurance policies required under this Agreement be cancelled, limited in scope, or not renewed upon expiration.
 - g. Failure of PROVIDER to provide and keep in force such insurance shall be regarded as failure to provide the required services adequately or satisfactorily, entitling STATE to exercise any or all of the remedies provided in this Agreement.
 - h. The procuring of such required policy or policies of insurance shall not be construed to limit PROVIDER'S liability hereunder nor to fulfill the indemnification provisions and requirements of this Agreement. Notwithstanding said policy or policies of insurance, PROVIDER shall be obliged for the full and total amount of any damage, injury, or loss caused by PROVIDER or its authorized representatives.
 - i. The STATE reserves the right to amend insurance requirements in order to maintain all contracts in compliance with the most current State requirements.
 - j. At all times, PROVIDER shall comply with all current insurance requirements specified in the Hawai'i Revised Statutes and the Hawai'i Administrative Rules.
3. **Notice.** Any notice, bill, invoice, report, request, correspondence, approval, communication or demand that either party desires or is required by this Agreement to give the other party shall be in writing and either served personally or sent through the United States Postal Service by pre-paid first class mail to the addresses noted below. Either party may change its address by notifying the other party of the change in address in writing. Notices of the change in address shall be deemed communicated within forty-eight (48) hours from the time of mailing if mailed as provided in this paragraph.

STATE: **Department of Human Services**
 Social Services Division
 Purchase of Services Unit
 810 Richards Street, Suite 400
 Honolulu, Hawai'i 96813

PROVIDER:

Name: _____

Title: _____

Address: _____

4. **Force Majeure.** Neither party shall be held responsible for delays or failures in performance resulting from acts beyond control of such party. Such acts shall include, but not be limited to, acts of God, labor disturbances, riots, acts of war, epidemics, government regulations imposed after the fact, fire, flood, communication line failures, power failures, shortages of transportation, earthquakes, hurricanes, or other causes beyond such party's control, provided that such party notifies the other party of such delay and the reason therefore as soon as practicable after its occurrence and requests extension prior to the specified date of product delivery, service, reports, or responses.
5. **Modifications of Agreement.** In addition to Section 4.1, Modifications of Agreement, of the General Conditions, the party requesting an amendment, modification, alteration, change, or extension of any term, provision, or condition of this Agreement shall allow thirty (30) calendar days for consideration and approval of the request.
6. **Confidential Information.** In addition to Section 2.1, Confidentiality of Material, of the General Conditions, the PROVIDER further agrees to the following: All information and records about or for the clients served, secured from clients, STATE, or any other individuals or agencies by PROVIDER, or prepared by PROVIDER for STATE, in satisfaction of this Agreement, shall be confidential and shall not be made available to any individual or organization by PROVIDER without prior written approval of STATE, subject to provisions of applicable State of Hawai'i and Federal statutes, and State of Hawai'i Administrative Rules. To insure the confidentiality of all such information and records, PROVIDER shall immediately refer all inquiries for information, including subpoenas, to **the AGENCY'S Child Welfare Services Branch Administrator** or representative.
7. **Copyright and Patent.** In addition to Section 2.2, Ownership Rights and Copyright, of the General Conditions, the PROVIDER further agrees to the following: no summary, report, map, chart, graph, table, study or other document or discovery, invention, or development produced in whole or in part under this Agreement shall be the subject of an application for copyright or patent by or on behalf of the PROVIDER, its officers, its agents, its employees, or its SUB-PROVIDERS without prior written authorization from the Director. It is strictly understood that all finished or unfinished documents, reports, summaries, lists, charts, graphs, maps, or other materials prepared by the PROVIDER and all discoveries, inventions, or developments produced in whole or in part under this Agreement shall be the property of STATE.
8. **State Audit Requirement.** The PROVIDER shall have an annual audit conducted by an independent Certified Public Accountant to verify that its financial management system and internal control procedures are effective in meeting the terms and conditions of this Agreement. The PROVIDER shall obtain an audit in accordance with generally accepted auditing standards, and shall furnish a copy of such audit to STATE. This requirement shall apply to all the PROVIDERS receiving general funds from STATE.

An audit under this provision shall NOT be required if both of the following conditions are met:

- a. The PROVIDER is subject to the federal audit requirements specified below; and
- b. The federal audit addresses whether the PROVIDER'S internal control procedures are effective in meeting the terms and conditions of this Agreement.

9. **Federal Audit Requirement.** The PROVIDER spending Five Hundred Thousand (\$500,000) or more per year in federal financial assistance shall be subject to federal audit requirements under Office of Management and Budget (OMB) Circular A-133, "Audits of State, Local Governments, and Nonprofit Organizations." The PROVIDER shall furnish a copy of any such audit to STATE.
10. **Federal Funds.** In addition to Section 1.1.2, Federal Funds, of the General Conditions, when receiving Federal Funds, the PROVIDER shall comply with all regulations and requirements of the expending Federal agency and complete all required forms and documents. The PROVIDER shall allow full access to records, reports, files, and other documents so that the program, management, and fiscal practices may be monitored by federal representatives directly connected with the program under this Agreement.
11. **Accounting System.** The PROVIDER shall maintain an adequate accounting system for keeping procurement and financial records required by STATE, and shall maintain books, records, documents and other evidence which sufficiently and properly reflect all funds received, all direct and indirect expenditures of any nature related to PROVIDER'S performance and provide an adequate audit trail to support the claims for reimbursement under this AGREEMENT. The requirements for an adequate accounting system shall include, but are not limited to:
 - The ability to keep all the procurement and financial records accurately as required by law, the purchasing agency, or the state procurement office;
 - The ability to permit timely development of all necessary cost data in the form required by the specific contract type contemplated; or
 - Compliance with generally accepted accounting principles.
12. **Maintain Records.** In addition to General Conditions, Section 2.3, Record Retention, PROVIDER shall maintain statistical, clinical and administrative records pertaining to services of this Agreement. The records shall be subject at all reasonable times to inspection or review by STATE or Federal representatives directly connected with the program area under this Agreement.
13. **Intent to Reduce, Terminate or Deny Services.** The PROVIDER shall notify STATE of its intent to reduce, terminate or deny services to a STATE referred individual or family at least fourteen (14) working days before the date of termination or denial of services, except in cases which require immediate termination, or as stated elsewhere in this Agreement.
14. **For Business Termination.** In addition to the requirements of Section 4.2, Termination in General, in the General Conditions, PROVIDER further agrees to the following: if PROVIDER shall cease conducting business in the normal course, become insolvent, make a general assignment for the benefit of creditors, suffer or permit the appointment of a receiver for its business or assets, or shall avail itself of, or become subject to, any proceeding under the Federal Bankruptcy Code or any other statute of any state relating to insolvency or the protection of rights of creditors, then at the option of STATE this Agreement shall terminate and be of no further force and effect and any property or rights of STATE, tangible or intangible, shall immediately without further notice or demand, be returned to STATE.
15. **Equipment.** If more than fifty percent (50%) of total contract funds specified in Attachment 3 of this Agreement are paid according to a cost reimbursement pricing methodology, then all equipment purchased with contract funds under this Agreement including items of personal property, as distinguished from real property, that have an acquisition cost of \$250.00 or more per

item and with an expected life of more than one year, shall remain the property of STATE. Following the Agreement period, all equipment shall be reported in the final fiscal report to STATE. Disposition of said equipment shall be prescribed by STATE.

16. General Conditions, item 1.6, Reporting Requirements, is revised as follows:

The PROVIDER shall submit a Final Project Report to the STATE containing the information specified in Attachment 3 to this Agreement if applicable, or otherwise satisfactory to the STATE, documenting the PROVIDER'S overall efforts toward meeting the requirements of this Agreement, and where applicable in Attachment 3, listing expenditures actually incurred and units actually delivered in the performance of this Agreement. The PROVIDER shall return any overpayments to the STATE.

17. **Option to Extend.** STATE and PROVIDER may agree in writing to extend the terms of this Agreement in accordance with any of the following that are checked:

X	The provisions of the Request for Proposals.
X	The provisions of Hawai'i Administrative Rules at §3-149-301 regarding the extension of existing contracts during a procurement process.
	When the Agreement was exempt from procurement rules in accordance with Hawai'i Administrative Rules at §3-141-503.
X	If STATE and PROVIDER agree to an extension to utilize unspent funds.

18. As stated in Section 508 of Public Law 103-333, with regard to statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with federal money, all grantees receiving federal funds, including but not limited to State and local governments and recipients of federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with federal money, (2) the dollar amount of federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

19. **Environmental Tobacco Smoke.** The Provider must comply with Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro Children Act of 1994 (Act). This Act requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans or loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.

The Provider further agrees that the above language will be included in any sub-awards which contain provisions for the children's services and that all sub-grantees shall certify compliance accordingly. Failure to comply with the provisions of this law may result in the imposition of a civil monetary penalty of up to \$1,000 per day.

20. **Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tiered Covered Transactions.** The Provider agrees that any sub-grantee under this agreement, also known as a lower tier participant under federal regulations, shall sign the following Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tiered Covered Transactions:
- a. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

21. **Nondiscrimination.**

- a. **Race, Color, and National Origin.** In accordance with Part 80 of Title 45 of the Code of Federal Regulations which effectuates Title VI of the Civil Rights Act of 1964, the Provider and any sub-grantee hereby assure that no person shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity funded under this Agreement.
- b. **Handicap.** In accordance with Part 84 of Title 45 of the Code of Federal Regulations which effectuates section 504 of the Rehabilitation Act of 1973, the Provider and any sub-grantee hereby assure that no qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity funded under this Agreement.
- c. **Sex.** In accordance with Part 86 of Title 45 of the Code of Federal Regulations which effectuates Title IX of the Educational Amendments of 1972 as well as section 844 of the Educational Amendments of 1974, the Provider and any sub-grantee hereby assure that no person shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any educational program or activity funded under this Agreement.
- d. **Age.** In accordance with Part 91 of Title 45 of the Code of Federal Regulations which effectuates the Age Discrimination Act of 1975 and except as may be specified in the Scope of Services of this Agreement, no person shall, on the basis of age, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity funded under this Agreement.
- e. **Language Access Services.** In accordance with State and Federal laws, the PROVIDER shall ensure access, delivery and documentation of interpreter services to clients with Limited English Proficiency. The PROVIDER shall develop and maintain procedures that specify how Language Assistance Services will be delivered by the PROVIDER'S organization. The PROVIDER:
 1. Shall offer language assistance to individuals with limited English proficiency at no cost to the individual, document the offer, and whether the individual declines or accepts the language assistance;
 2. Is prohibited from requiring individuals to bring their own interpreters with them to orientation sessions, interviews or other appointments;
 3. Is responsible for the cost of the interpreters;

4. Shall document the offer of language assistance services and whether the individual accepted or declined the services; and
 5. Shall plan to accommodate a multicultural referral base that may speak any language other than English such as, but not limited to: Marshallese, Chuukese, Korean, Tagalog, Ilocano, Cantonese, Vietnamese, and Spanish.
 6. Shall submit a quarterly Limited English Proficiency (LEP) Report on a form provided by the Department that shall include at a minimum:
 - i) Number of LEP individuals who were offered language assistance services, and from that number, how many declined or required language assistance services;
 - ii) Primary language spoken by each LEP person;
 - iii) Type of interpreter service provided; and
 - iv) Name of interpreter (and agency, if applicable).
22. **Certification Regarding Lobbying.** The Provider and any sub-grantee shall sign and submit to State the Certification Regarding Lobbying as required by New Restrictions on Lobbying, Part 93 of Title 45 of the Code of Federal Regulations.
23. **Certification Regarding Program Fraud Civil Remedies Act (PFCRA).** The PROVIDER shall certify that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The official signing agrees that the applicant organization will comply with the federal terms and conditions of award if a grant is awarded as a result of this application.
24. During the term of this Agreement the parties will be renegotiating terms and conditions related to the performance of the PROVIDER including but not limited to measurable outcomes, benchmarks for monitoring timely and adequate provision of services, special reporting requirements, pricing methodology, units of service, unit rates, penalties, incentives, and bonuses. At the time of the renegotiation either party has the right to terminate this Agreement under General Conditions, paragraph 4.3 or 4.4 as applicable. Any amendments to this Agreement will not constitute a fundamental change as defined in §3-149-303(d) of Hawai'i Administrative Rules. A fundamental change is one which "is so great that a reasonable purchasing agency would in light of all the circumstances, re-procure the required services instead of amending an existing contract in order to assure that the state is receiving the most advantageous bargain."
25. PROVIDER acknowledges and agrees that STATE shall only compensate PROVIDER for services provided to referrals made by STATE, but that nothing contained in this Agreement obligates STATE to provide any such referrals to PROVIDER.
26. **§103F-401.5 Proposals and awards.** (a) No contract proposals shall be accepted from any applicant who lacks any license necessary to conduct the business being sought by the request for proposals, with the exception of proposals from applicants to operate a child care program required to be licensed pursuant to section 346-161.
 (b) Proposals submitted under this chapter shall include all costs, fees, and taxes, and any award or contract shall be for the amount of the proposal. No award or contract shall include any other payment, rebate, or direct or indirect consideration that is not included in the proposal, such as insurance premium or general excise tax rebates to or waivers for an applicant or bidder. [L 2010, c 69, §2; am L 2012, c 60, §1]

27. **Tax Clearance.** As a result of Act 190, SLH 2011 (HRS Chap. 103D,) the Internal Revenue Service (IRS) no longer issues paper tax clearances; therefore all HRS Chapter 103F providers are now required to register on Hawai`i Compliance Express for compliance verification.

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that: If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

Title

Organization

ATTACHMENT G

ADMINISTRATIVE ASSURANCES

ADMINISTRATIVE ASSURANCES(RFP No.: SSD-14-POS-4040-SW Statewide)

If awarded a contract to provide the services specified in the RFP referenced above, I hereby assure that the following will be in place during the term of the contract:

1. Staff Development

A written training plan for Provider staff which:

- a. Promotes an understanding of the clients that the DHS serves;
- b. Promotes good practice;
- c. Familiarizes staff with the Provider's own program and agency policies and procedures; and
- d. Familiarizes staff with available resources in the community as applicable under the Scope of Work in Section 2 of the RFP and in support of the service activities in the provider's proposal.

2. Supervision

A written plan for supervising direct service staff. This plan will be consistent with the lines of supervision indicated on the Program Specific Chart in the contract.

3. Coordination of Services

A written plan to coordinate services with other agencies and with the DHS staff. The plan will include each of the following as applicable:

- a. Ongoing communication with the DHS staff about active DHS clients and notifying providers, especially regarding critical incidents or non-participation in the mutually agreed upon program plan;
- b. Providing information and referral of clients to other community resources if appropriate; and
- c. Identification of other programs and agencies that can serve as resources to clients.

4. Quality Assurance & Program Evaluation

A written quality assurance plan that addresses all of the following:

- a. How all of the outcomes on Form C in Section 2 of this RFP will be measured;
- b. The process of service delivery;
- c. Tools/instruments to be used to collect data on the impact of services in the client's life; and
- d. The process for making improvements or taking corrective action based on evaluation findings.

5. Criminal History and Protective Services Registry Checks

Documentation of criminal history State name check and CWS CA/N Registry check as required by the DHS, or appropriate waivers, in accordance with the standards in Section 5 of this RFP, will be in the personnel files of all staff and backup staff providing direct services to clients or having direct client contact. This includes direct services staff of any subcontractors.

6. Documentation of Utilization

Procedures to accurately track, document, and report contract expenditures and the units of service delivered to clients, Client Eligibility Lists, Activity Reports, and Expenditure Reports shall be submitted in a format and a timeframe as determined by the DHS.

7. Minimal English and Physical Limitations

For clients with minimal limited English proficiency and/or physical limitations:

- a. the agency shall develop procedures to ensure reasonable accommodation and delivery of services; and
- b. provide the DHS with reports on LEP clients in a format and according to a schedule determined by the DHS.

SIGNATURE_____
DATE_____
TYPE OR PRINT NAME_____
TITLE_____
AGENCY

ATTACHMENT H

WORK PLAN FORMAT

WORK PLAN

RFP No.: SSD-14-POS-4040-O`ahu RFP Title: Family Wrap Hawaii

Agency: _____

SERVICE ACTIVITIES AND PROGRAM REQUIREMENTS	SPECIFIC TASKS	TITLE OF RESPONSIBLE STAFF AND BACK-UP STAFF	TIMELINE/SCHEDULE
A. Referral, Intake, and Termination 1. Referral 2. Intake 3. Termination/Transition Planning			
B. Assessment, Service Planning, and Case Management with child and family and government/community 1. Gather information on child and family strengths and areas needing support; 2. Engage the child and family in service planning and determining practical service outcomes to develop and implement an individualized Family			

<p>Wrap Plan;</p> <p>3. Engage Family Wrap Plan in service planning and determining practical service outcomes to develop and implement an individualized Plan</p> <p>4. Engage Parent Partners/Support and Youth Partners/Support in service planning and determining practical service outcomes to develop and implement an individualized Family Wrap Plan.</p>			
<p>C. Direct Service Provision</p> <p>1. Provide a detailed, comprehensive and practical plan for the delivery of services to the child and family:</p> <p>a. Facilitation (including Family Wrap Plan Development)</p> <p>b. Community Navigation</p> <p>c. Parent Support</p> <p>d. Youth Support</p> <p>e. Flex Spending</p> <p>f. Facilitate Coordination Committee Meetings</p> <p>g. Training to Community</p> <p>2. Work Plan for the major service activities and tasks to be completed,</p>			

including clarity of work assignments and responsibilities, and the practicality of the timelines and schedules, as applicable, and included in above.			
1. D. Coordination with DHS: Detailed explanation of how the program will work with the Department to establish agreed-upon services, common service goals and outcomes for the child and family, policies and procedures for the rapidly evolving services throughout the contract period.			
D. Grievance and Dispute Resolution Procedures to address potential grievances/disputes among: <ol style="list-style-type: none"> 1. Provider and CWS staff 2. Provider staff and the clients 3. Provider and provider's staff 			

WORK PLAN INSTRUCTIONS

The Work Plan is a comprehensive guide to services provided in this program. It should describe not only what services will be offered but how those services will be provided.

In the following table, complete Columns B, C, and D where blank. Column B should detail how the requirements in Column A will be met. If specific tasks have already been indicated in Column B, provide additional information to fully describe how these tasks will be accomplished. The title or position of responsible staff in Column C must be consistent with the position titles used elsewhere in the proposal such as in the program organizational chart and the section on staff qualifications. *For direct services staff specified in Column C, indicate backup staff to cover for the primary staff person responsible.* Column D pertains to the time line or schedule for completing specific service activities or tasks. It does not pertain to when policies and procedures will be developed or implemented.

For RFPs numbered in the Child Welfare Services series, service activities should be provided in a manner that is consistent with the following principles of family-centered practice:

- Service activities must be comprehensive, coordinated, and collaborative and provided in all designated geographic areas under the contract.
- Service activities must be culturally competent and appropriate and responsive to the strengths, needs, values and preferences of the child and family. They must be delivered in a manner that is respectful of and builds on the strengths of the family, the community, and cultural ties.
- Service activities must address the physical, social, emotional, and educational needs of the child and the family's ability to protect the child.
- Service activities must provide clear and attainable goals and objectives for each participant.
- Service activities must be individualized, addressing the unique capacities and needs of each child and family.
- Service activities must empower families to help themselves and to gain and maintain mastery and control over their ability to protect their children.

Refer to Section 2, 2.1 - 2.4 of this RFP for further information and guidance on specific service activities and tasks.

NOTE: A narrative format may be used instead of the table format below as long as specific tasks, responsible staff, and timeline or schedule are addressed for each service activity and program requirement in Column A.

Upon request, the table format below will be e-mailed to the Applicant. Contact the RFP contact person specified in Section 1, 1.6 of this RFP.

ATTACHMENT I

SAMPLE

PROGRAM AND FISCAL REPORT FORMATS

- 1. Quarterly Report Formats**
 - a. Activity Report (QAR)**
 - b. Staffing Changes (QSC)**
- 2. Monthly Client Eligibility List (MCEL)**
- 3. Monthly Expenditure Report Formats**
 - a. Report of Expenditures, DHS Form 210**
 - b. Personnel Cost, DHS Form 210A**
- 4. DHS Invoice Format**

QUARTERLY ACTIVITY REPORT (SAMPLE)

Department of Human Services

Social Services Division**Purchase of Services Office**

Reporting Quarter: 1st, 2nd, 3rd, 4th. Fiscal Year: 2011-2012

Provider: _____ Contract No: _____

Program Name: _____

I. SERVICES PURCHASED:

SERVICE UNIT	Annual Goal	SERVICE UNITS DELIVERED DURING THE QUARTER			
		1st	2nd Month	3rd Month	YTD Total

II. PEOPLE NOT SERVED:

- How many people were not served (turned away) due to lack of available slots this quarter?

- How many people remained waiting (On waiting list) to be served at the end of this quarter?

Submit original and 2 copies

III. **PEOPLE TO BE SERVED**

(Use groups as identified in **Form A** of the Contract/Agreement - PEOPLE TO BE SERVED)

PEOPLE TO BE SERVED	Annual Goal Proposed to be served for contract year (unduplicated).	Actual # of persons/families (unduplicated)	
		This Quarter	Cumulative YTD

IV.a. **SERVICES** (Use Services identified in **Form B** of the Contract/Agreement - SERVICES)

SERVICES	Annual Goal Proposed services for contract year.	Actual # of Activities Performed (unduplicated)	
		This Quarter	Cumulative YTD

IV.b. **SERVICES** (continued) - Additional Explanation of SERVICES and activities:

V.a. **OUTCOMES** (Use Outcome indicators from **Form C** of the Contract/Agreement - OUTCOMES)

[illegible]

Note: Explanations for problems in meeting program objectives should be recorded in the next section of the report.

V.b. **OUTCOMES** (continued) - Explain any problems in meeting program objectives.
(If the percent is 10% less than anticipated, provide an explanation. Use additional sheets if necessary.)

VI. **MAJOR ACCOMPLISHMENTS DURING THIS QUARTER**

(Use additional sheets, if necessary.)

VII. **PROBLEMS ENCOUNTERED DURING QUARTER AND CORRECTIVE ACTION TAKEN**

(Use additional sheets, if necessary.)

VIII. **STAFF CHANGES DURING QUARTER**

Attach Quarterly Staffing Changes (Form OSC 1)

IX. **PLANS FOR NEXT QUARTER**

Plans include anything new that provider will incorporate into the program.

(Use additional sheets, if necessary.)

Report prepared/submitted by:

Print Name

Title

Signature

Date

QUARTERLY STAFFING CHANGES

Attach a copy to the Quarterly Activity Report (DHS Form QAR 1)

1) Fiscal Year: 20____ -20____	2) Quarter: ____ 1 st ____ 2 nd ____ 3 rd ____ 4 th
3) Provider Name:	
4) Program Name:	
5) Funding Dept:	6) Contract #:

STAFFING CHANGES FROM CONTRACT (new hires, terminations, changes in salary)					
A. Employee Name	B. Title or Position	C. Previous Salary	D. New Salary	E. Effective Date	F. Reason for Change

Form QSC 1 (01/00)

MONTHLY CLIENT ELIGIBILITY LIST (SAMPLE)

Fiscal Year:

Report Period (Month):

Contract No.:

Provider/Agency Name:

[illegible]

DHS 210 (SAMPLE)**REPORT OF EXPENDITURES**

Provider:

Contract No.:

Reporting Period Covered:

EXPENDITURE CATEGORIES	CONTRACT COST					% EXPENDED
	BUDGET	ACTUAL			BALANCE	
	TOTAL CONTRACT (a)	Prior Periods to Date Cumulative (b)	Current Reporting Period (c)	Contract Period to Date b + c (d)	a - d (e)	
A. PERSONNEL COST						
1. Salaries				0	0	0.00
2. Payroll Taxes & Assessments				0	0	0.00
3. Fringe Benefits				0	0	0.00
TOTAL PERSONNEL COST	0	0	0	0	0	0.00
B. OTHER CURRENT EXPENSES						
1. Airfare, Inter-Island				0	0	0.00
2. Airfare, Out-of-State				0	0	0.00
3. Audit Services				0	0	0.00
4. Contractual Services - Administrative				0	0	0.00
5. Contractual Services - Subcontracts				0	0	0.00
6. Insurance				0	0	0.00
7. Lease/Rental of Equipment				0	0	0.00
8. Lease/Rental of Motor Vehicle				0	0	0.00
9. Lease/Rental of Space				0	0	0.00
10. Mileage				0	0	0.00
11. Postage, Freight & Delivery				0	0	0.00
12. Publication & Printing				0	0	0.00
13. Repair & Maintenance				0	0	0.00
14. Staff Training				0	0	0.00
15. Subsistence/Per Diem				0	0	0.00
16. Supplies				0	0	0.00
17. Telecommunication				0	0	0.00
18. Transportation				0	0	0.00
19. Utilities				0	0	0.00
20.				0	0	0.00
21.				0	0	0.00
22.				0	0	0.00
23.				0	0	0.00
TOTAL OTHER CURRENT EXPENSES	0	0	0	0	0	0.00
C. EQUIPMENT PURCHASES					0	0.00
D. MOTOR VEHICLE PURCHASES					0	0.00
TOTAL EXPENDITURES	0	0	0	0	0	0.00
CONTRACT REVENUES RECEIVED						
FOR DHS USE ONLY:		DECLARATION: I DECLARE THAT THIS REPORT, INCLUDING ANY ACCOMPANYING SCHEDULES OR STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT, MADE IN GOOD FAITH, FOR THE REPORTING PERIOD(S) STATED.				
		REPORT PREPARED BY:				
SIGNATURE OF PROGRAM REVIEWER	DATE	(PLEASE TYPE OR PRINT)			PHONE	
SIGNATURE OF FISCAL REVIEWER	DATE	SIGNATURE OF PROVIDER'S AUTHORIZED OFFICIAL:			Date	
		NAME AND TITLE (PLEASE TYPE OR PRINT):				

